



Kentucky Strengthening Families

A Framework for Supporting Kentucky's Families

Presented by: Janna Estep Jordan, MSW

Prevent Child Abuse Kentucky

jestepjordan@pcaky.org

www.pcaky.org





What is Strengthening Families?

1. This is more about connecting the things you are already doing and already have in place,
2. This is not a replacement program or a new initiative- it's a movement to create a common language and common approach and,
3. It is making the invisible, visible, and the visible more intentional.



Why am I here today?

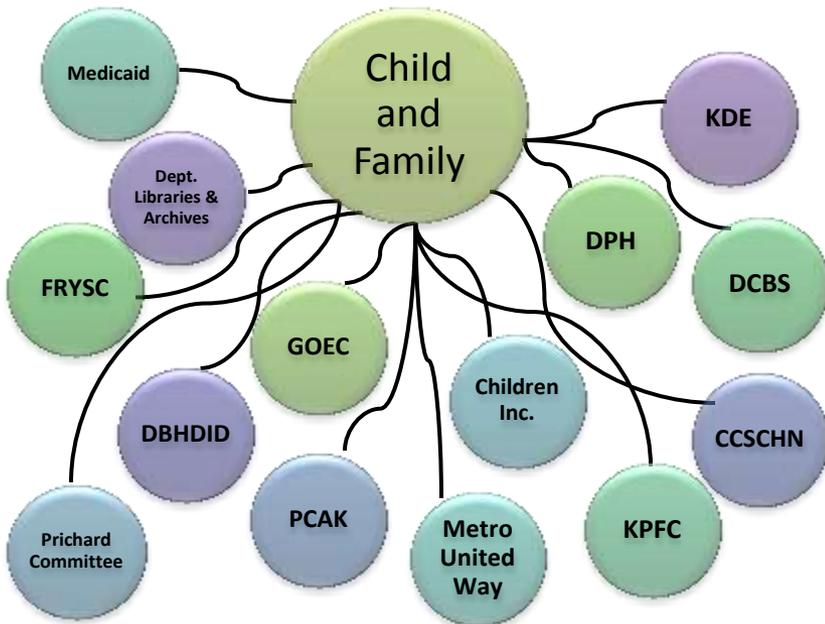
Strengthening
Families is about
getting on the same
page so we can be
BETTER TOGETHER

KENTUCKY
STRENGTHENING FAMILIES

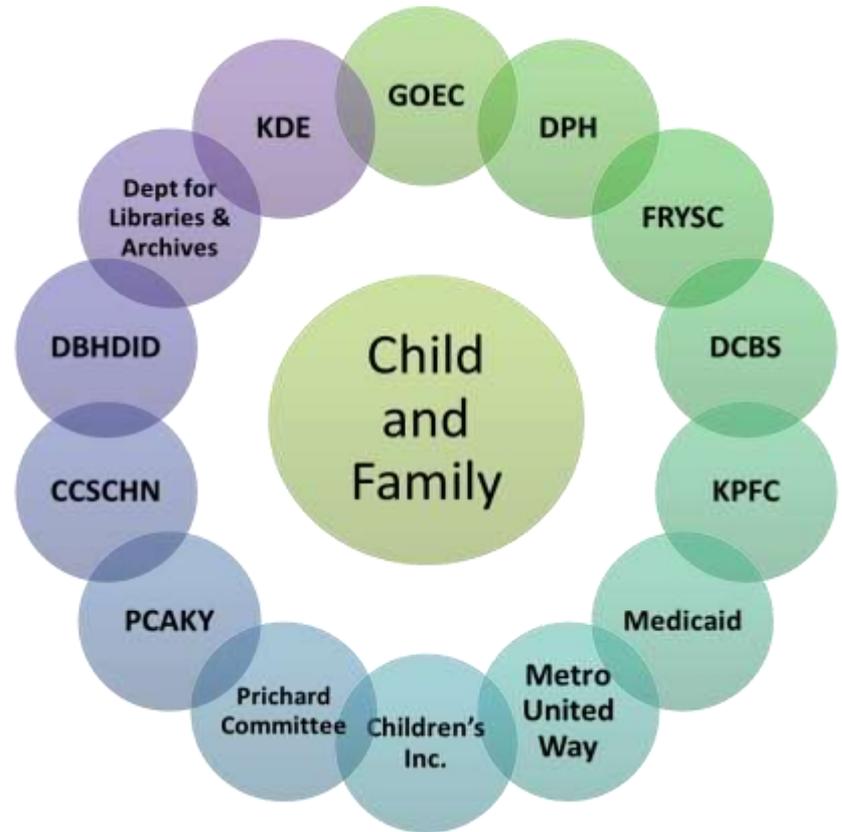


Kentucky Strengthening Families Leadership Team

What it looks like to access services for families now



What is our hope for the future

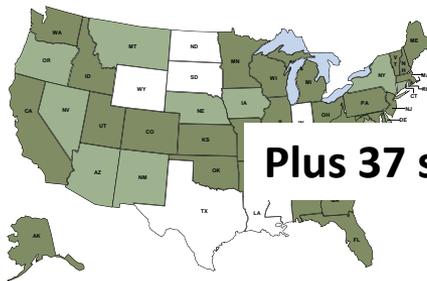




Strengthening Families National Network



Parents as Teachers



Plus 37 states and growing...



National Center for Infants, Toddlers, and Families



Kentucky Strengthening Families Leadership Team

- Governor's Office of Early Childhood
- Department for Public Health, Division of Maternal and Child Health
- Cabinet for Health and Family Service, Office of Policy and Budget
- Children, Inc.
- Department for Behavioral Health, Developmental and Intellectual Disabilities
- Department for Community Based Services, Division of Child Care
- Department for Community Based Services, Division of Protection and Permanency
- Department of Education
- Department for Libraries & Archives
- Department for Medicaid Services and Kentucky Children's Health Insurance Program (KCHIP)
- Family Resource and Youth Services Centers
- Kentucky Chapter of the American Academy of Pediatrics
- Kentucky Commission for Children with Special Health Care Needs
- Kentucky Partnership for Families and Children, Inc.
- Metro United Way
- Prevent Child Abuse Kentucky
- Prichard Committee for Academic Excellence

And growing everyday 😊



Training Objectives:

Learning objectives: After completing this course, you should be able to:

1. List and explain each of the 6 Protective factors

2. Recognize the importance of Strengthening Families based on the research behind the movement

3. Identify strategies for how your program can align current program practices with the 6 Protective Factors

4. Develop a plan for how you will promote the 6 protective factors in your workplace so every interaction you have with families is strength-based and high impact.

What is a Protective Factor?

A protective factor is a characteristic that makes a parent, child, or family more likely to thrive and less likely to experience a negative outcome. A protective factor is like the flip side of a risk factor. You can also think of protective factors as what helps children and families thrive despite whatever risk factors they might face.



What is a Protective Factor, Cont.?

The Strengthening Families protective factors were chosen on the basis of extensive research about children and families. They are not the *only* protective factors that keep families strong. They were selected because they are protective factors that can be built through interaction with the people and systems that families encounter in their day-to-day lives.

KENTUCKY STRENGTHENING FAMILIES

The 6 PFs are research based in that when these 6 PFs are present, regardless of the number of risk factors present in the home, the likelihood of child maltreatment greatly reduces and in exchange the rate of **school readiness, children reaching optimal development and the strength of the family unit** increases.



“What I know: Families thrive when protective factors are robust in their lives and communities”



Kentucky's Approach

- **Leadership Team and Background**
 - Six Protective Factors vs. Five from CSSP
- **Cross-system, multi-sector leadership**
 - Goal is to create supports for all families through systems change; all families go through times of stress
 - Families we care about are touched by many systems
 - Systems face lots of transitions and uncertainty
 - Workers often transition between systems
- **FAMILY** defined as any adult caring for a child
 - biological parent
 - Foster/adoptive parent
 - grandparent
 - other relative
 - self-defined family member
 - educator
 - child care provider
 - friend or neighbor



MISSION:

Kentucky is strengthening families, promoting knowledge and skills, and providing access to resources and support by enhancing protective factors through family, community and state partnerships.

VISION:

All Kentucky children are healthy, safe and prepared to succeed in school and in life through families that are supported and strengthened within their community.

“What I know: Families thrive when protective factors are robust in their lives and communities”

1. Parental Resilience:

Families bounce back. Managing stress and moving forward when faced with challenges, adversity and trauma

What it looks like:

- Families exhibit strength and flexibility to general life stress.
- Families recognize and value their unique strengths.
- Families identify themselves as hopeful, optimistic, and confident.
- Families have strong problem solving skills.
- Families practice regular self care to keep stress from interfering with nurturing their child.



What did it look like for you?

2. Social Connections:

Families have friends they can count on. Having positive relationships that provide emotional, informational and spiritual support

What it looks like:

- Families maintain multiple friendships and supportive relationships with others.
- Families feel respected and appreciated in their role as parent or primary caregiver.
- Families accept help from others and give help to others.
- Families establish connections and a sense of belonging with other families.



What did it look like for you?

3. Knowledge of Child Development:

Families learn how their children grow and develop. Understanding child development and parenting strategies that advance physical, cognitive, language, social and emotional development

What it looks like:

- Families identify realistic expectations for their child's development.
- Families possess a commitment to life long learning.
- Families practice positive discipline techniques to effectively manage their child's behavior.
- Families recognize and respond appropriately to their child's specific developmental needs.



What did it look like for you?

4. Concrete Support in Times of Need:

Families get assistance to meet basic needs. Accessing resources that address a family's basic needs, resulting in minimizing stress caused by challenges

What it looks like:

- Families sustain adequate financial security to meet basic needs.
- Families feel safe in their living environment.
- Families understand what resources their family needs.
- Families advocate for and receive concrete supports when needed.
- Families have information and connections to services in their community.
- Families feel supported and valued when reaching out for help.



What did it look like for you?

5. Social and Emotional Competence of Children:

Families teach children how to have healthy relationships. Establishing family and child interactions that help children develop the ability to recognize, communicate, and regulate their emotions

What it looks like:

- Families encourage and reinforce positive social skills and set limits in a positive way.
- Families foster their child's age appropriate self-regulation.
- Families help their child manage and communicate feelings.
- Families understand the importance of social and emotional development in young children.



What did it look like for you?

6. Nurturing and Attachment:

Families ensure children feel loved and safe. Fostering a nurturing family environment where young children develop secure bonds with caring adults

What it looks like:

- Families respond to their child with warmth and consistency that fosters a strong and secure attachment.
 - Families help their child to trust that their environments are safe.
 - Families recognize and embrace their child's strengths and individuality.
- Families teach their child how to form and maintain healthy relationships with others



What did it look like for you?



Looking Back....

The Protective Factors from Your Childhood

Then who or what made that difference for you...?

“What I know: Families thrive when protective factors are robust in their lives and communities”



Understand the research behind the
Strengthening Families National Movement

THREE CORE CONCEPTS IN EARLY DEVELOPMENT

1. Experiences Build Brain Architecture
2. Serve & Return Interaction Shapes
Brain Circuitry
3. Toxic Stress Derails Healthy
Development

Center on the Developing Child  HARVARD UNIVERSITY

Early Experiences Matter for a Lifetime

What The Research Tells Us:

THEN...

&

NOW:

Brain development depends on genes.	Brain development hinges on complex interplay between genes & experiences.
Experiences before age 3 have limited impact later in life.	Experiences before age 3 have decisive impact on adult capabilities.
Secure attachment creates favorable context for early development and learning.	Secure attachment directly effects the way the brain is wired and reduces long-term consequences for health and learning.
Brain development is linear across all knowledge areas and skills.	Brain development is non-linear including prime times for different knowledge areas & skills.
Toddler's brain less active than adult's, for example busy college student.	Toddler's brain is twice as active as adult brain – activity drops during adolescence & doesn't recover.

Three Levels of Stress

Positive

Brief increases in heart rate,
mild elevations in stress hormone levels.

Tolerable

Serious, temporary stress responses,
buffered by supportive relationships.

Toxic

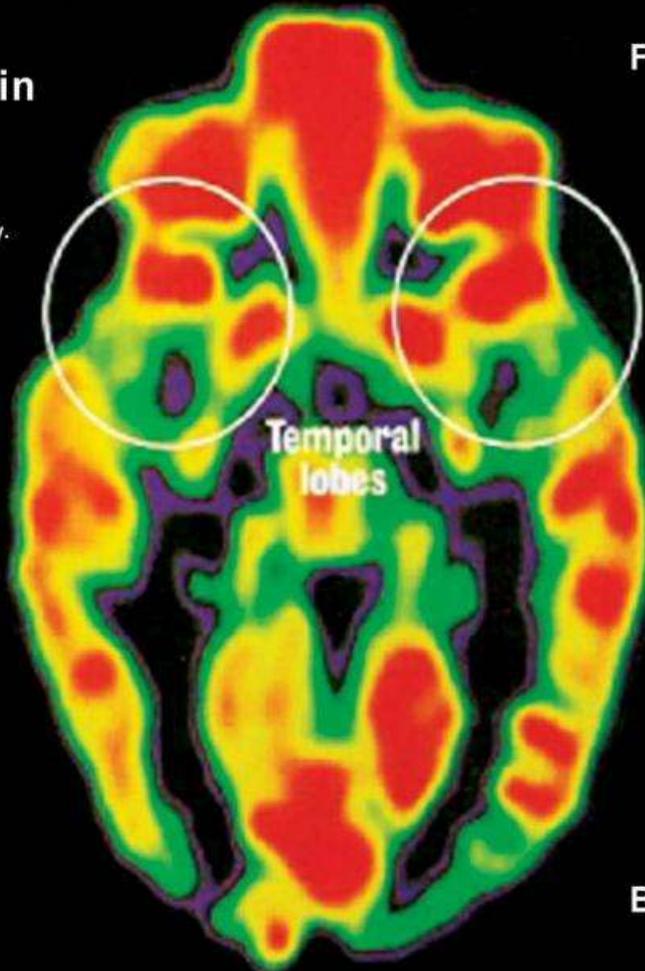
Prolonged activation of stress response systems in the
absence of protective relationships, which can produce
physiological changes that lead to lifelong problems in
learning, behavior, and health.



Structural Brain Changes due to Early Experiences

Healthy Brain

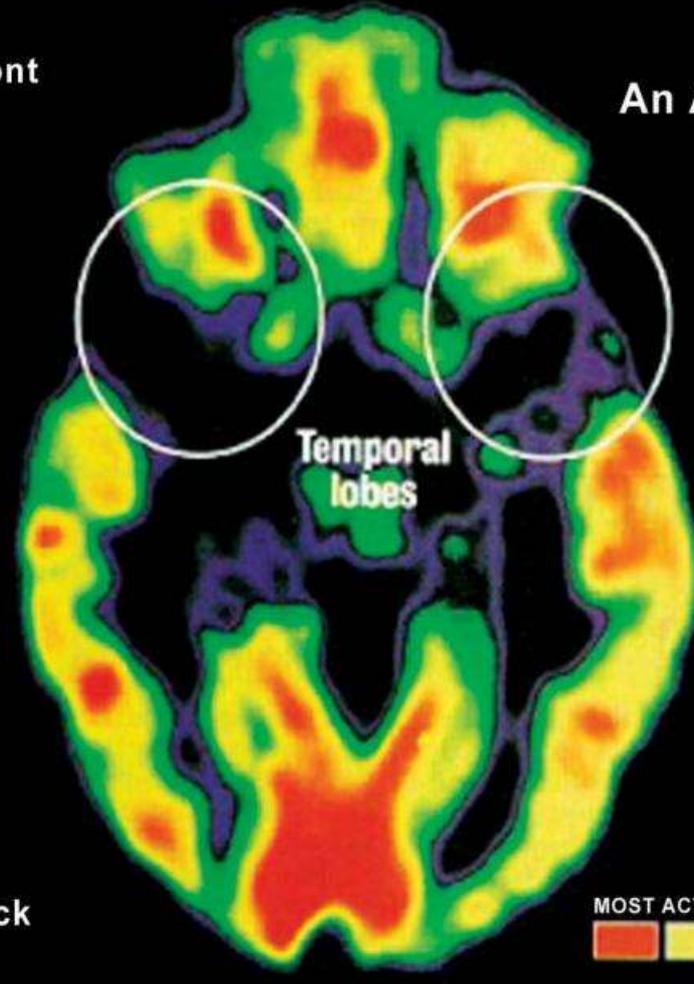
This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.



Front

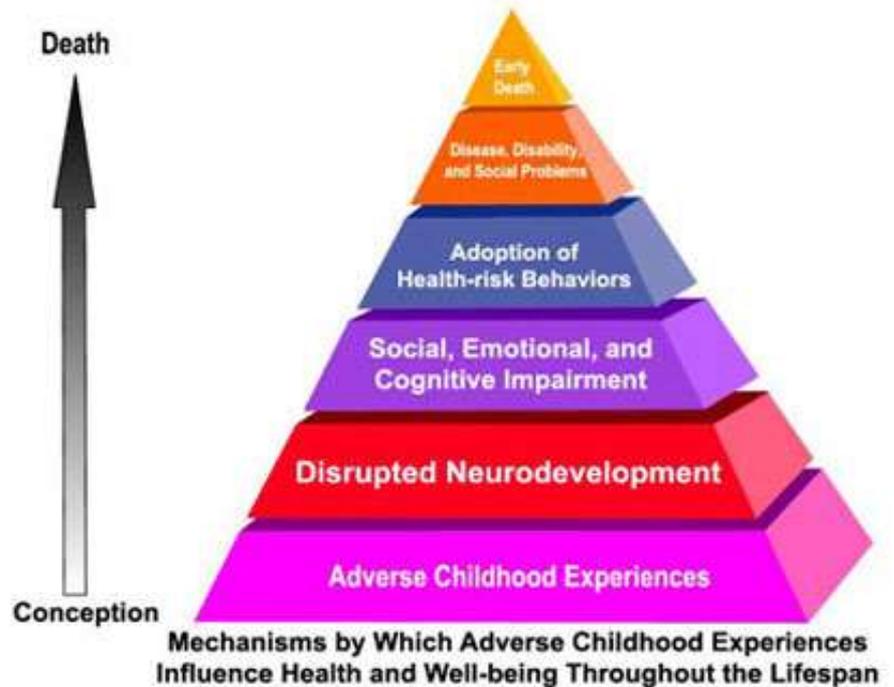
An Abused Brain

This PET scan of the brain of a Romanian Orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.



Adverse Childhood Experiences (ACE) Study

- Kaiser study
- 18,000 middle class enrollees
- Categories of trauma experienced in childhood such as:
 - Physical abuse
 - Emotional abuse
 - Domestic violence
 - Substance abuse in home
 - Mental illness in parent
 - Lost parent due to separation or divorce
 - Household member in jail



Information retrieved from Center for Disease Control and Prevention. (2014, May 13)

Adverse Childhood Experiences (ACE) Study

Study Participants

- ❖ Nearly 18,000 involved
- ❖ Middle class, average age of 57
- ❖ 80% white, 10% black, 10% Asian
- ❖ 74% some college; 44% graduated college
- ❖ 49.5% men



Information retrieved from Center for Disease Control and Prevention. (2014, May 13) *About the study*

Adverse Childhood Experiences (ACE) Study

ACE Score	Women	Men	Total
0	34.5%	38	36.1%
1	24.5%	27.9%	26.0%
2	15.5%	16.4	15.9%
3	10.3%	8.6%	9.5%
4 or more	15.2%	9.2%	12.5%

- ❖ Adverse Childhood Experiences are common
- ❖ Almost 2/3 at least one
- ❖ 64% participants had experienced one or more ACE's
- ❖ More than 1 in 5 report 3 or more ACE's
- ❖ 1 in 4 exposed to at least two categories of abuse
- ❖ 1 in 16 experienced 4 or more



Adverse Childhood Experiences (ACE) Study

Findings

**Relationship Between ACE Score
& IV Drug Use**

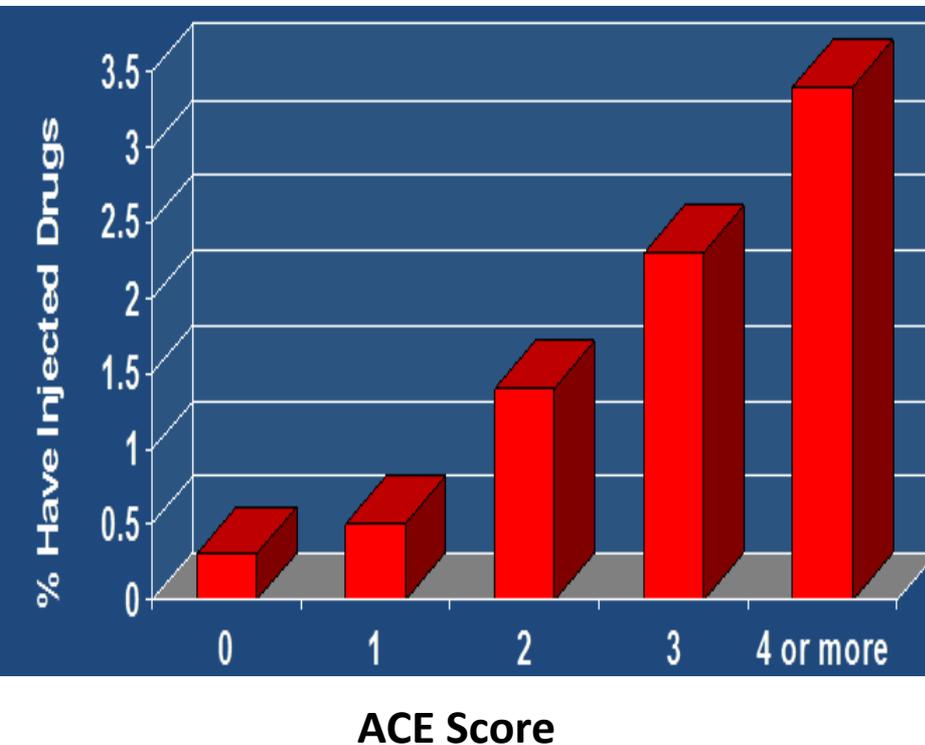
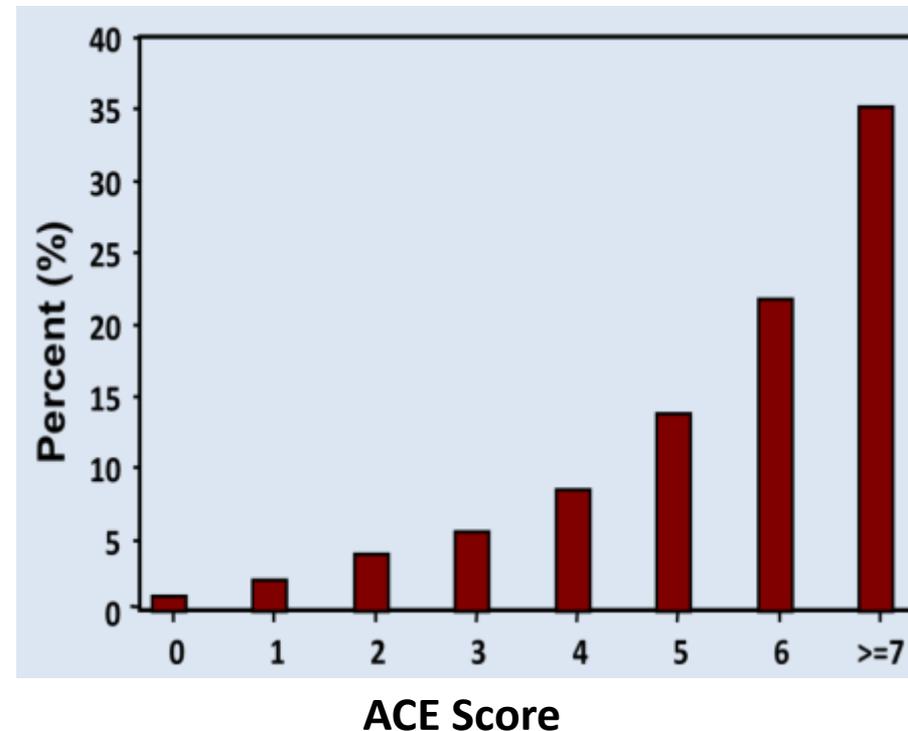


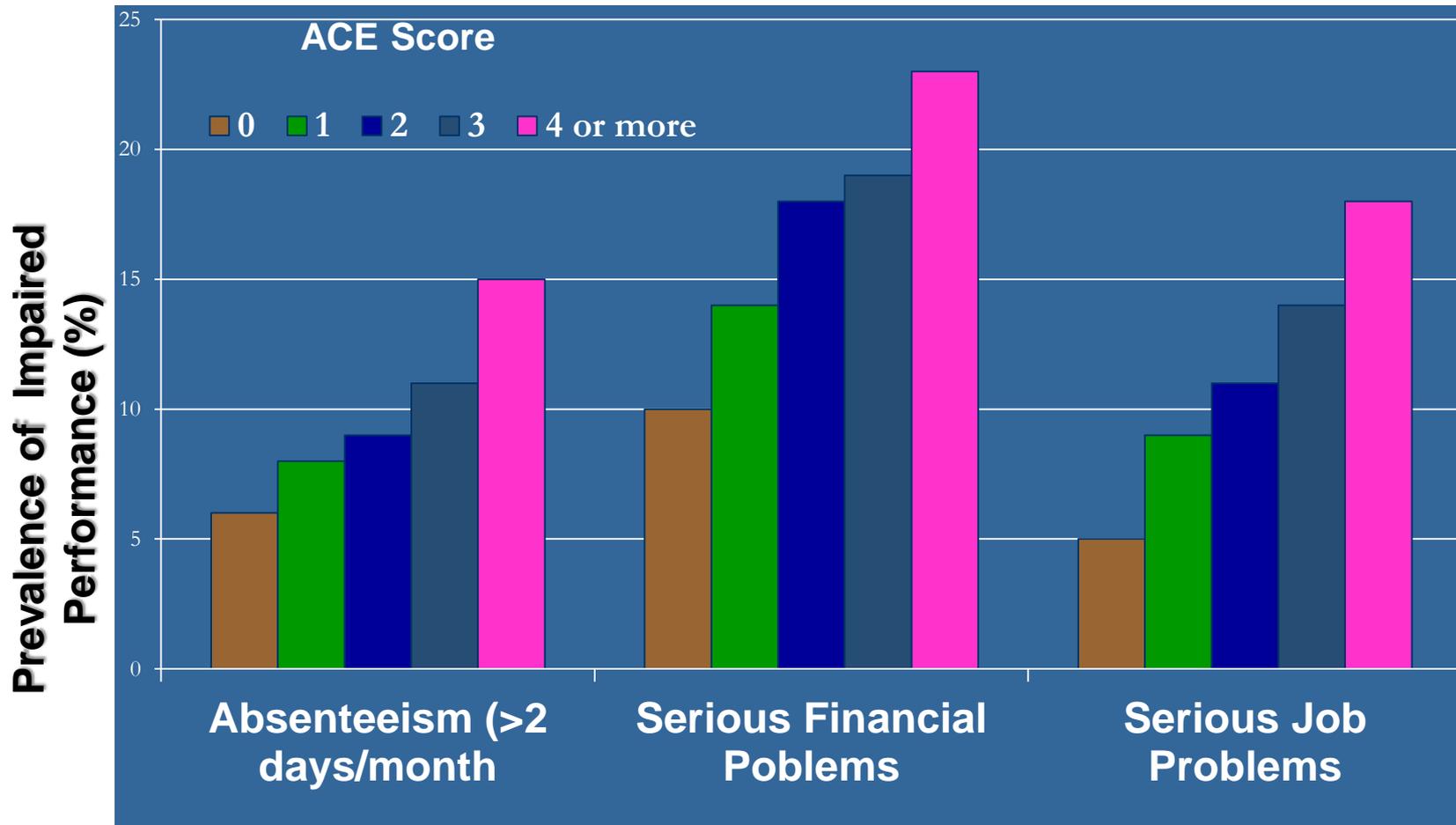
Image retrieved from Child Welfare Information Gateway. (n.d.)

**Relationship Between the ACE Score and
the Risk of Ever Attempting Suicide**



Dube et al., JAMA, 2001

Adverse Childhood Experiences (ACE) Study *Findings*



The ACE Study is evidence that....

ADVERSE CHILDHOOD EXPERIENCES are the most basic and long lasting cause of :

**health risk behaviors,
mental illness,
social malfunction,
disease, disability, death,
and healthcare costs**



ACEs and Adult Disease

54% of depression

58% of suicide attempts

39% of ever smoking

26% of current smoking

65% of alcoholism

50% of drug abuse

78% of IV drug abuse

48% of promiscuity (>50 partners)

are attributable to ACE's.



Research Behind Strengthening Families



Relating the Protective Factors and this research about early experiences personally



American Academy of Pediatrics: New Science → New Paradigm

- * The availability of a caring and responsive adult greatly reduces the risk that circumstances will lead to excessive activation of stress response systems that lead to physiologic harm and long-term consequences for health and learning.
- * The context to establish the early roots of physical and mental well-being include:
 - A stable and responsive environment of relationships
 - Safe & supportive physical, chemical, and built environments, &
 - Sound and appropriate nutrition



How does what we know about ACEs and Protective Factors
guide our work moving forward?

What's going to be different?

KENTUCKY
STRENGTHENING FAMILIES



Attitude Shift for Family Support

Current Service Delivery Models	A Strengthening Families Approach to Service
At Risk families	ALL Families
Risk Factors	Protective Factors buffers for toxic stress
Deficit Based	Strengths Based
Family inadequacies	Skill building



Attitude Shift for Family Support (cont.)

Current Service Delivery Models	A Strengthening Families Approach to Service
Prevention	Promotion of strong families and healthy development
<i>“Here’s what we have to offer you because this is what we know you need.”</i>	<i>“What can I do to support you? “What do you need from me?”</i>
“What’s wrong?”	“What’s going well for you?”
“I can fix this for you”	“You can do it- I can help.”



Principles of Kentucky's Work

In Kentucky Strengthening Families, we have a shared commitment to:

- Promoting strong families and healthy development for families prenatally through age five
- Partnering with all families and celebrating differences
- Using protective factors as a strengths-based philosophy to buffer for toxic stress
- Building knowledge and skills for individual and system change
- Creating safe, stable and nurturing environments for people to have responsive and caring relationships



Strengthening Families Framework

The Strengthening Families Approach

- Benefits ALL families
- Builds on family strengths, buffers risk, and promotes better outcomes
- Builds on and can be integrated into existing
 - **programs,**
 - **strategies,**
 - **systems and**
 - **community opportunities.**
- Promotes optimal development of young children by strengthening their families through the 6 Protective Factors.

A new way of “Approaching” Families



What is Strength-Based?

What is Family-Driven?

[The Protective Factors in the First 5 Years](#)

“What I know: Families thrive when protective factors are robust in their lives and communities”



What Now? Next Steps for Service Providers

Sounds good to me!





Be a Leader in the Strengthening Families Movement:

- 1. Start with one family - How will you partner with them to build all 6 Protective Factors?**
- 2. Complete your action plan. Who will you partner with to realize this plan?**

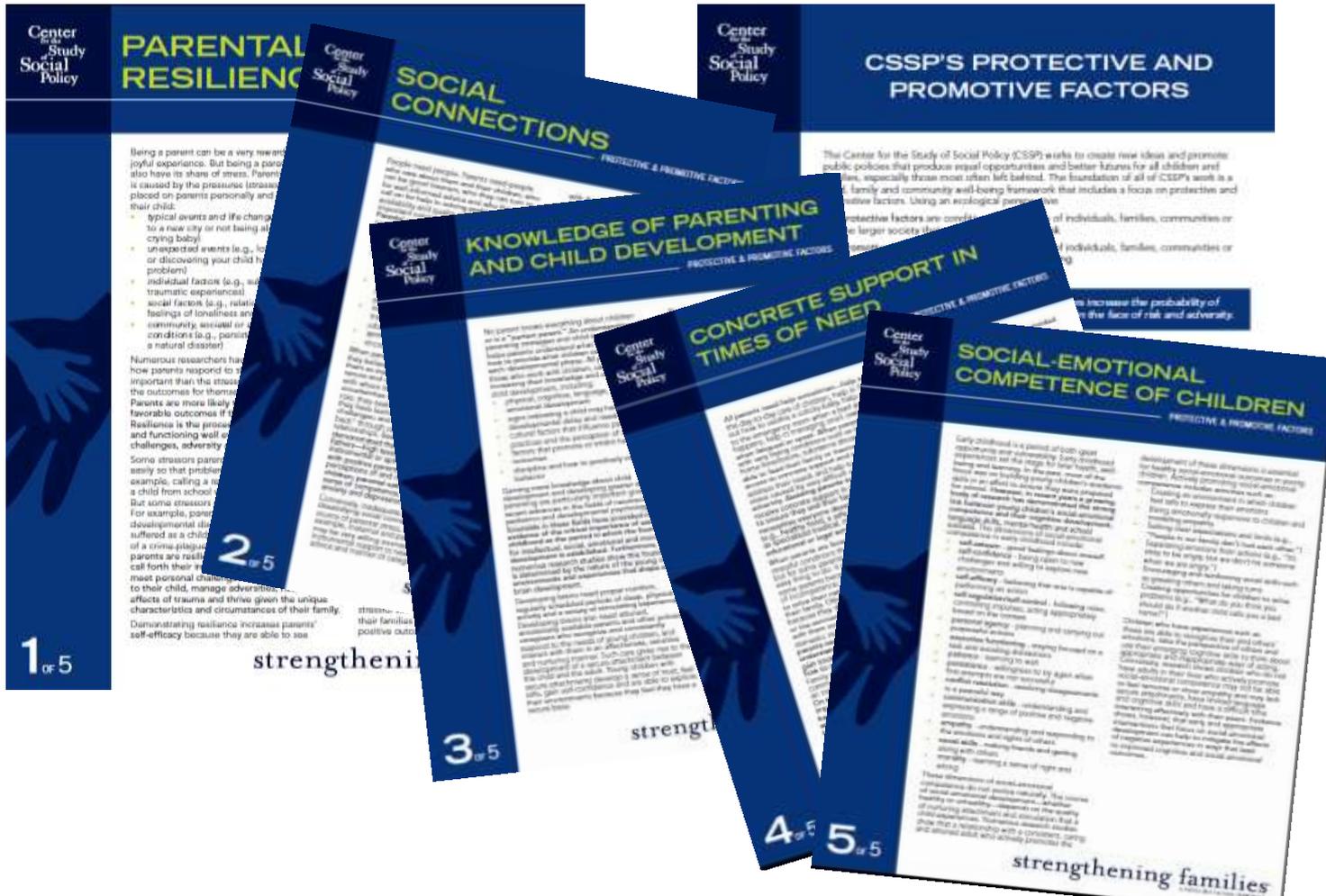
“What I know: Families thrive when protective factors are robust in their lives and communities”



National Online Resources

Many (**FREE**) handouts, online trainings, and other resources available at

www.strengtheningfamilies.net



Strengthening Families:

- About
- Practice
- Systems
- Policies



Thank you for joining us!

Kentucky Strengthening Families

A Framework for Supporting Kentucky's Families

An Overview Training for Service Providers

Kentucky's Six Protective Factors

1. Parental Resilience: *Families bounce back.* Managing stress and moving forward when faced with challenges, adversity and trauma

2. Social Connections: *Families have friends they can count on.* Having positive relationships that provide emotional, informational and spiritual support

3. Knowledge of Child Development: *Families learn how their children grow and develop.* Understanding child development and parenting strategies that advance physical, cognitive, language, social and emotional development



Kentucky's Six Protective Factors Cont.



- **4. Concrete Support in Times of Need:** *Families get assistance to meet basic needs.* Accessing resources that address a family's basic needs, resulting in minimizing stress caused by challenges
- **5. Social and Emotional Competence of Children:** *Families teach children how to have healthy relationships.* Establishing family and child interactions that help children develop the ability to recognize, communicate, and regulate their emotions
- **6. Nurturing and Attachment:** *Families ensure children feel loved and safe.* Fostering a nurturing family environment where young children develop secure bonds with caring adults



Presentation References:

Center for Disease Control and Prevention. (2014, May 13). *ACES Study [Webpage]*. Retrieved November 10, 2014, from <http://www.cdc.gov/violenceprevention/acestudy/index.html>

Center for the study of social policy. (2013). *Strengthening families 101: An introductory powerpoint presentation [PowerPoint]*. Retrieved November 10, 2014, from <http://www.cssp.org/reform/strengtheningfamilies/2014/StrengtheningFamilies101.pptx>

Center for the study of social policy. (n.d.). *The research behind strengthening families [PowerPoint]*. Retrieved November 10, 2014, from <http://www.cssp.org/reform/strengtheningfamilies/about/the-research-behind-strengthening-families>

Center on the Developing Child at Harvard University. (2014, January 1). *Three core concepts in early development [Video]*. Retrieved November 10, 2014, from http://developingchild.harvard.edu/resources/multimedia/videos/three_core_concepts/

Center on the Developing Child at Harvard University. (2013, January 1). *Building adult capabilities to improve child outcomes: A theory of change [Video]*. Retrieved November 10, 2014, from http://developingchild.harvard.edu/resources/multimedia/videos/theory_of_change/



Presentation References:

Child Welfare Information Gateway. (n.d.). *ACES Study [PPT]*. Retrieved Dec. 1, 2014 from <https://www.childwelfare.gov/calendar/cbconference/fourteenth/presentations/ahdc/index.cfm>

Child Welfare Information Gateway. (n.d.). *Positron Emission Tomography (PET) scan [Image]*. Retrieved November 10, 2014, from <https://www.childwelfare.gov/calendar/cbconference/fourteenth/presentations/ahdc/sld046.cfm>

National Alliance of Children's Trust and Prevention. (2014). *Bringing the protective factors framework to life in your work: A resource for action [Online Training]*. Retrieved November 10, 2014, from <http://ctfalliance.org/onlinetraining.htm>

Nelson, C. (2000) *Core concepts in the science of early childhood [PDF. Pg. 3]*. Retrieved November 10, 2014, from http://developingchild.harvard.edu/index.php/download_file/-/view/1110/



Presentation References:

- Shonkoff, J. P. (2008, June 26). *The Science of Child Development and the Future of Early Childhood Policy [PDF, Pg. 19]*. Retrieved November 10, 2014, from http://developingchild.harvard.edu/resources/multimedia/symposium_presentations_and_videos/
- Shonkoff, J. P., Phillips, D., & National Research Council (U.S.). (2000). *From neurons to neighborhoods: The science of early child development [PDF]*. Washington, DC: National Academy Press. Retrieved November 11, 2014, from http://www.nap.edu/openbook.php?record_id=9824&page=R1
- Shonkoff, J., Garner, A.S., The Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent care, & Section on Developmental and Behavioral Pediatrics. (2011). *The lifelong effects of early childhood adversity and toxic stress. American Academy of Pediatrics [Online Journal Article] PEDIATRICS 2012 129(1):E232-E246*. Retrieved November 11, 2014, from <http://pediatrics.aappublications.org/content/early/2011/12/21/peds.2011-2663.abstract#cited-by>
- The Ounce. (n.d.). *Change the first five years and you change everything [Video file]*. Retrieved November 10, 2014, from <https://www.youtube.com/watch?v=GbSp88PBe9E>